

## PART B - FEE(S) TRANSMITTAL

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7590

01/21/2004

Sheldon & Mak  
 225 South Lake Avenue, 9th floor  
 Pasadena, CA 91101

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Norman Anderson	(Depositor's name)
<i>[Signature]</i>	(Signature)
4-6-04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/733,744	12/08/2000	Steven P. Bitler	10762-9	2433

TITLE OF INVENTION: POLYMERIC MODIFYING AGENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$963 6/330	\$300	\$963 1630	04/21/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
YOON, TAE H	1714	523-210000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jeffrey G. Sheldon  
 Sheldon & Mak  
 2  
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Landec Corporation

Menlo Park, California

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2090 (enclose an extra copy of this form).

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(Authorized Signature)

Jeffrey G. Sheldon, 27,953

(Date)

4/6/04

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